STATE OF MARYLAND—CERTIFICATE OF DEATH

05490

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (53-0)

County Harford — Registration Dist. No. 182

Village or City County Home — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foraign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME William Aikins — If U. S. Veteran, specify WAR ____

(a) Residence: No. County Home Nr. ____ St., ____ Ward ____

(Usual place of abode) Fawn Grove, Pa. — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (*write* the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) Mar 6, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	68	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) ____ | 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Hoppe Church, Harford Co. Md

FATHER

13. NAME Wm Aikins

14. BIRTHPLACE (city or town) (State or country) Harf. Co. Md

MOTHER

15. MAIDEN NAME Mahoney

16. BIRTHPLACE (city or town) (State or country) ____

17. INFORMANT Fraver Green (Address) Fawn Grove, Md

18. BURIAL, CREMATION, OR REMOVAL Place Cockeysville Md Date May 15, 1940

19. UNDERTAKER H. Howard Stebbins (Address) Fawn Grove, Pa.

20. FILED May 13, 1940 Virginia Chambliss Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 11 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1936, to May 11, 1940

I last saw him alive on May 9, 1940; death is said to have occurred on the date stated above, at 7 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Cerebral Hemorrhage	May 8-40

Other Contributory Causes of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Natura of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Willard P. Hudson M. D.

(Address) Forest Hill, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED JUN 5 1940 BUREAU V. S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94)

05491

CERTIFICATE OF DEATH

Reg. Diat. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 yrs
Hospital, institution, or street address where death occurred:
312 N. Stokes St.
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
Street No. 312 No. Stokes St.
(If rural, give LOCATION)
2.(a) If veteran, name war No

3.(a) FULL NAME George Benjamin Bennett

3.(b) Social Security Number 213-14-3681

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife —
6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1876

8. AGE: Years 63 | Months 7 | Days 12 | If less than one day ... hrs. ... min.

9. Birthplace Cecil Co. Md. (Town, county, and state)
10. Usual occupation Watchman
11. Industry or business W.P.A.

FATHER
12. Name Joshua Bennett
13. Birthplace Md.

MOTHER
14. Maiden name Mary Eliz. Alexander
15. Birthplace Md.

16. Informant Mr. Albert J. Bennett
Address Havre de Grace, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 7, 1940 (month) (day) (year)
Cemetery or crematory Charlestown Meth. Cem.
Location Cecil Co. Md.

18. Funeral director R. Madison Mitchell
Address Havre de Grace Md.

19. May 6th 1940 (Date rec'd by registrar) James K. Barnes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1940, at 11:15 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 4th 1940, to May 4 1940
and that I last saw him alive on May 4, 1940

Immediate cause of death	DURATION
Acute Angina Pectoris	1 hour
Due to	
Due to	
Diher conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —
Accident, suicide, or homicide N.S. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE F. W. Steiner M. D. or other
Address Havre de Grace Md. Date signed 5-6-40

RECEIVED
MAY 10 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

05492

CERTIFICATE OF DEATH

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford

City or town near Jarrettsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Harford

City or town near Jarrettsville Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rudolph Boarman

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: F. Boarman

6(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): Not known - 1883

8. AGE: Years: 56 Months: Days: If less than one day: hrs. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Laborer (Europe)

11. Industry or business:

FATHER 12. Name: ? Boarman

13. Birthplace: Germany (Europe)

MOTHER 14. Maiden name: not known

15. Birthplace: Germany (Europe)

16. Informant: Mrs E. Byers (Daughter)

Address: 1821 Whitmore Ave, Balto. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 12, 1940 (month) (day) (year)

Cemetery or crematory: Moreland Memorial Cem

Location: Taylor Ave.

18. Funeral director: John A. Gretkiewicz Jr

Address: 423 S. Paca Street

19. May 10 1940 (Date rec'd by registrar) Emily M. Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9-40 19 , at 1030 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5th 1940, to May 9 1940, and that I last saw h alive on May 9 1940.

Immediate cause of death: Coronary occlusion — DURATION: May 5th

Due to: Coronary disease — symptoms 2 yrs

Due to: Generalized arterial sclerosis

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Ot operations:

Ot autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE Fred O Hodous M. D. or other

Address Edgewood md Date signed 5-9-40

RECEIVED
MAY 17 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (48-C) 141-d 05493

WITHIN CORPORATE LIMITS of

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford
City or town Havre De Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Harford Memorial Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2 mos. 18 das.
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Havre De Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 571 Otsego
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Brown
3. (b) Social Security Number 218-05-3328

4. Sex Female
5. Color or race white
6. (a) ~~Single, married, widowed~~, or divorced ~~married~~ - divorced
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) February 22, 1900
8. AGE: Years 40 Months 3 Days 3 If less than one day hrs. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Waitress
11. Industry or business Keeney's Restaurant
FATHER 12. Name William Morris
13. Birthplace Maryland
MOTHER 14. Maiden name Annie Cantler
15. Birthplace Maryland
16. Informant Hospital Records
Address Havre De Grace Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof May 27 1940 (month) (day) (year)
Cemetery ~~or crematory~~ Dublin Cem
Location Harford Co., Md.
18. Funeral director H. S. Bailey
Address Darlington, Md.
19. May 25th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940, at 12:55 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 4 1940, to May 25 1940, and that I last saw her alive on May 25 1940.

Immediate cause of death: Septicaemia
Gonorrheal Arthritis
Due to Incomplete Abortion
Probable Carcinoma
Due to of Uterus

DURATION

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Incomplete Abortion.
Of autopsy Uterine tissue not examined for carcinoma

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles J. Toliquis M. D. or other
Address Havre de Grace Md. Date signed 4/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (174)

CERTIFICATE OF DEATH

05494

Reg. Dist. No. 184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Edgewood

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 16 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Harford

City or town: Edgewood

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: James Franklin Bryson

3.(b) Social Security Number: 008-07-8026

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Carrie Bryson

6.(c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): Nov 5 1884

8. AGE:

Years	Months	Days	If less than one day
53	5	14	hrs. min.

9. Birthplace: York Co. Pa (Town, county, and state)

10. Usual occupation: Quarry Foreman

11. Industry or business: Lake Quarrying

FATHER — 12. Name: Mr. H. Bryson

13. Birthplace: Pa

MOTHER — 14. Maiden name: Susan Forbes

15. Birthplace: Pa

16. Informant: Mrs. Carrie Bryson

Address: Carsh Md.

17. (Burial, cremation, or removal. Which?) Burial Date thereof: May 25 1940 (month) (day) (year)

Cemetery or crematory: Slate Ridge

Location: Dalta Pa

18. Funeral director: W. Howard Webb

Address: Fawn Grove Pa

19. May 24 1940 (Date rec'd by registrar) H. L. D. McNabb Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 22 1940, at 9:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Compound Fracture Skull with Laceration of Brain	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: May 22 1940

Where did injury occur? Whiteford (City or town) Harford (County) Maryland (State)

Injured at home, farm, industry, public place (where?) Quarry Quarry

Means of injury: Stone fell on him Injured at work? yes.

23. SIGNATURE: Josiah A. Hunt, M.D. (M. D. or other)

Address: Carsliff, Md. Date signed: May 24, 1940

RECEIVED
JUN 6 1940
U. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS OF

170-c

05495

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County: Harford

City or town: Havre de Grace (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Harford Memorial Hos.

Hospital, institution, or street address where death occurred: 8 Day.

How long in hospital or institution? 4 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Rural Aberdeen Md R.F.D. (if outside city or town limits, write RURAL and give nearest town)

Street No.: Harford Co (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: William Bush

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: Black

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Mar. 16, 1906

8. AGE: Years: 34 Months: 1 Days: 17 If less than one day: — hrs. — min.

9. Birthplace: Georgia (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farm

FATHER 12. Name: —

13. Birthplace: Unknown

MOTHER 14. Maiden name:

15. Birthplace:

16. Informant: Mr. Samuel Walker

Address: Aberdeen Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 16 1940 (month) (day) (year)

Cemetery or crematory: Green Spring

Location: Harford Co. Md.

18. Funeral director: R. Madison Mitchell

Address: Havre de Grace, Md.

19. May 16th 1940 (Date rec'd by registrar) James H. Bay Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 13, 1940, at 12:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 4 1940, to May 13 1940 and that I last saw him alive on May 13 1940

Immediate cause of death: Cerebral Concussion probable fractured

Due to: Skull and Intracranial Hemorrhage

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations:

Date of op.:

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: May 4, 1940

Where did injury occur? near Havre de Grace (City or town) Harford (County) Md. (State)

Injured at home, farm, industry, public place (where?): Public Road - Route #40

Means of injury: automobile Injured at work? no

23. SIGNATURE: J. H. Ramsey M.D. Dep. Med. Examiner M. D. or other

Address: Aberdeen, Md Date signed: 5/13/40

RECEIVED
JUN 5 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

05496

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
County Harford
City or town Perryman
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Perryman Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Baby Boy Canada

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Boy	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14th 1940

8. AGE: Years	Months	Days	If less than one day
Still Born			hrs. min.

9. Birthplace Perryman Md (Town, county, and state)
10. Usual occupation None
11. Industry or business

FATHER
12. Name Dolythia F. Canada
13. Birthplace U. S. Indiana

MOTHER
14. Maiden name Elsie M. Pippen
15. Birthplace Harford Co Md

16. Informant Mrs. Dolythia F. Canada
Address Perryman Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 15-1940 (month) (day) (year)
Cemetery or crematory Cranbury
Location Perryman Md

18. Funeral director Henry Tanning Ford
Address Aberdeen Md

19. May 15 1940 (Date rec'd by registrar) E. C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940, at 2:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 19—, to ——— 19—, and that I last saw h— alive on ——— 19—.

Immediate cause of death	DURATION
Prolapse of Umbilical Cord	2 days?
Due to Stillborn	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Baby macerated
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Fred O Hodous M.D.
M. D. or other
Address Edgewood Md Date signed 5-14-40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

CERTIFICATE OF DEATH

05497

Reg. Dist. No. 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:
County Harford
City or town near Upper X Roads
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 52 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town near Upper X Roads Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Thomas Dalton

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Widower

6 (b) Name of husband or wife Viola E. Dalton
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 1 1861

8. AGE:

Years	Months	Days	If less than one day
79	2	28	____ hrs. ____ min.

9. Birthplace Upper X Roads Harford Co Md (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name John B Dalton
13. Birthplace Ireland
MOTHER 14. Maiden name Catherine Kelley
15. Birthplace Ireland
16. Informant Chas B Dalton
Address Baldwin Md
17. Buried (Burial, cremation, or removal. Which?) Date thereof June 1-1940 (month) (day) (year)
Cemetery or crematory St Johns Cemetary
Location Long Green Md
18. Funeral director E E Kurtz & Son
Address Jarrettsville Md.
19. June 1 1940 (Date rec'd by registrar) Thomas R Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1940, at 2 A. M. 30

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 5, 1939 to May 29 1940, and that I last saw him alive on May 28, 1940

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to Coronary Insufficiency	2 yrs.
Due to Arteriosclerosis	7 yrs
Other conditions Hypertension.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Clifford F. Hudson M.D.
M. D. or other
Address Fork, Md. Date signed 5/29/40

RECEIVED
JUN 7 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05498

93-2

1. PLACE OF DEATH

County Harford Registration Dist. No. 182

Village or City Harford Co. Home No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Denny If U. S. Veteran, specify WAR

(a) Residence: No. Harford Co. Home St. Ward.
(Usual place of abode) Churchville, Md. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Aug 2 - 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ✓

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Abingdon
(State or country) Md.

FATHER

13. NAME Wm Denny

14. BIRTHPLACE (city or town) Harford Co.
(State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Day

16. BIRTHPLACE (city or town) Harford Co.
(State or country) Md.

17. INFORMANT Clerk Fitzpatrick
(Address) Bel Air Md.

18. BURIAL, CREMATION, OR REMOVAL
Place County Home Date May 20, 1940

19. UNDERTAKER Deans & Tatum
(Address) Bel Air Md.

20. FILED May 20, 1940 N E Richardson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May (Month) 20 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 1938, 1940, to May 20, 1940

I last saw h— alive on May 18, 1940; death is said to have occurred on the date stated above, at 3:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Disease	2 yr.
Other Contributory Causes of Importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Willard P. Hudson M. D.

(Address) Forest Hill, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JUN 5 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05499

(160-S)

1. PLACE OF DEATH

County Harford Co. Registration Dist. No. 182

Village or City Churchville (Schmuhl's Corner) No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robt Wallace Edwards If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of c

6. DATE OF BIRTH (month, day, and year) May 8 - 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. c

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. c

10. Date deceased last worked at this occupation (month and year) c

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Schmuhl's Corner (State or country) Harford Co Md

FATHER

13. NAME Reid B. Edwards

14. BIRTHPLACE (city or town) Springfield (State or country) Ill.

MOTHER

15. MAIDEN NAME Mildred S Spencer

16. BIRTHPLACE (city or town) Grampian (State or country) Va

17. INFORMANT Reid B. Edwards (Address) Bel Air Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Date May 12, 1940

19. UNDERTAKER Deaver & Lester (Address) Bel Air Md

20. FILED May 12, 1940 Nannie Richardson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 11 (Day), 193 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1940, to May 11, 1940

I last saw h alive on May 11 - 1940, 19 11 5 P, death is said to have occurred on the date stated above, at 11.05 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were ~~as follows~~:

	Date of onset
Intracranial Injury	
Cerebral injury Prob Fatal	
Other Contributory Causes of importance:	

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Willard P. Hudson M. D.

(Address) Forest Hill Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUN 5 1940
BUREAU U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-1)

CERTIFICATE OF DEATH

05500

Reg. Dist. No. 18-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Rural near Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 52 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Rural near Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Carroll G Giles

3. (b) Social Security Number: 117-6538

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Alis Taylor Giles

6(c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): April 7th - 1888

8. AGE: Years: 52 | Months: - | Days: 29 | If less than one day: — hrs. — min.

9. Birthplace: Harford Co. Md (Town, county, and state)

10. Usual occupation: Day Laborer

11. Industry or business:

FATHER
12. Name: Alford Giles
13. Birthplace: Maryland

MOTHER
14. Maiden name: Sarah Coe
15. Birthplace: Maryland

16. Informant: Mrs. Alis T. Giles
Address: Aberdeen Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May ~~April~~ 9 - 1940 (month) (day) (year)
Cemetery or crematory: Mt Calvary
Location: Near Aberdeen

18. Funeral director: Henry Tanning & Sons
Address: Aberdeen Md

19. May 9th 1940 (Date rec'd by registrar) O. C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May ~~April~~ 6 1940, at 10-40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 24 1940, to May 6 1940, and that I last saw him alive on May 6 1940.

Immediate cause of death	DURATION
Carcinoma of right Lung	
Due to Cachexia	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Charles J. Foley M.D.
M. D. or other
Address: Havre de Grace Date signed 5/8/40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (172)

CERTIFICATE OF DEATH

05511

Reg. Dist. No. 184

1. PLACE OF DEATH:
County Harford
City or town Shures Landing Harford Co, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State ~~Md~~ County Harford
~~City or town~~ Penna York Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Loganville
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Lewis Gladfelder

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Sept. 15, 1927
8. AGE: Years 12 | Months 8 | Days 13 | If less than one day ____ hrs. ____ min.
9. Birthplace: Loganville York Co, Pa. (Town, county, and state)
10. Usual occupation: School boy
11. Industry or business
FATHER 12. Name: Arthur J. Gladfelder
FATHER 13. Birthplace: Loganville Pa
MOTHER 14. Maiden name: Margaret Carson
MOTHER 15. Birthplace: Phila. Penna
16. Informant: W. J. Boll Co.
Address: York, Penna
17. Burial (Burial, cremation or removal. Which?) Date thereof June 4, 1940 (month) (day) (year)
Cemetery or crematory: St. Patrick Cem.
Location: York Co, Penna
18. Funeral director: H. S. Bailey
Address: Darlington, Md.
19. June 2 1940 M. A. Kirk
(Date rec'd by registrar) Registrar Pa. H.S.B.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940, at 7:30 P.M. approx.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

	DURATION
Immediate cause of death: Drowning — Accidental	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of May 28, 1940
Where did injury occur? Susquehanna River, Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) River
Means of injury Overturned Boat Injured at work? No

23. SIGNATURE J. W. Ramsey M. D.
Dep. Medical Examiner
Address Aberdeen, Md. Date signed 6/3/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05502

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:

County Harford

City or town White Hall R.F.D.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 7 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford

City or town White Hall R F D. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME John Robert Green

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Nida Shockley

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 24, 1871

8. AGE: Years 69 Months 3 Days 9 If less than one day hrs. min.

9. Birthplace Harford Co (Town, county, and state)

10. Usual occupation Stone - Cutter

11. Industry or business

FATHER 12. Name Thomas Green

13. Birthplace Pa

MOTHER 14. Maiden name Rebecca Kirkwood

15. Birthplace Harford Co

16. Informant Miss Margaret Green

Address White Hall Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 5-1940 (month) (day) (year)

Cemetery or crematory Bethel

Location White Hall R.F.D.

18. Funeral director P. Marklin Son

Address White Hall Md

19. May 3 1940 (Date rec'd by registrar) Thomas R Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 15th 1940, to May 3 1940, and that I last saw him alive on May 1st 1940.

Immediate cause of death Mitral Regurgitation with Broken Compensation 6 M

Due to Myocarditis

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Evans H. Green M.D. M. D. or other

Address Stewartstown Pa Date signed May 3 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

05503

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (928)

County Harford Registration Dist. No. 183

Village or City near Norrisville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Hawkins If U. S. Veteran, specify WAR

(a) Residence: No. Norrisville St., Ward.

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Hawkins

6. DATE OF BIRTH (month, day, and year) June 4 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pa (State or country)

FATHER

13. NAME Brodford Hawkins

14. BIRTHPLACE (city or town) Pa (State or country)

MOTHER

15. MAIDEN NAME Magnette Miller

16. BIRTHPLACE (city or town) Pa (State or country)

17. INFORMANT Rebecca Hawkins (Address) White Hall Md

18. BURIAL, CREMATION, OR REMOVAL Place Coopstown Date May 11, 1940

19. UNDERTAKER W. Howard Wolfe (Address) Fawn Grove Pa

20. FILED May 11, 1940 Thomas R. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 7th 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jany 13 1940, to May 7th 1940

I last saw him alive on May 4th 1940; death is said to have occurred on the date stated above, at 4 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis with Mitral Regurgitation	
Other Contributary Causes of Importance: Asthma	

Name of operation Date of

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Craig M. Lee M. D.

(Address) Stewartstown Pa

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be reported as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JUN 7 1940 BUREAU V S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

05504

Reg. Dist. No. 1 8 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford

City or town Bel Air

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or Institution:

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Harford

City or town Bel Air Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Edward Hopkins

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Married

6 (b) Name of husband or wife Laura Gough Hopkins

6(c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) May

8. AGE:

Years	Months	Days	If less than one day
87			hrs. min.

9. Birthplace Cedars Harford Co. Md (Town, county, and state)

10. Usual occupation Labor

11. Industry or business

FATHER 12. Name Hopkins

13. Birthplace Md

MOTHER 14. Maiden name Catherine Rumsey

15. Birthplace Md

16. Informant Laura G Hopkins

Address Bel Air Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 5 1940 (month) (day) (year)

Cemetery or crematory Havanna

Location Darlington (near)

18. Funeral director Deans & Foster

Address Bel Air Md

19. May 4th 1940 (Date rec'd by registrar) N C Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1940, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 17 1936, to April 14 1940, and that I last saw him alive on April 14 1940.

Immediate cause of death Arteriosclerotic Cardio-vascular disease — DURATION 5 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Gerald C. Palmer M.D.

Address Bel Air, Md. M. D. or other

Date signed 5/4/40

RECEIVED
MAY 28 1940
BUREAU U. S.

05505

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: 358 Bourbon St.

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Harford

City or town Havre de Grace Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 358 Bourbon St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Walter Austin Hyland

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1900

8. AGE:

Years	Months	Days	If less than one day
40	2	15	— hrs. — min.

9. Birthplace Havre de Grace Md.

(Town, county, and state)

10. Usual occupation Tavern owner

11. Industry or business Self

FATHER

12. Name Wm Ed. Hyland

13. Birthplace Cecil Co Md.

MOTHER

14. Maiden name Ella E. Boyer

15. Birthplace Cecil Co. Md.

16. Informant Mrs Ella E. Hyland

Address 358 Bourbon St. City.

17. Burial (Burial, cremation, or removal, Which?) Date thereof May 14, 1940 (month) (day) (year)

Cemetery or crematory Angel Hill Cem.

Location Havre de Grace, Harford Co. Md.

18. Funeral director R. Madison Mitchell

Address Havre de Grace, Md.

19. May 13 1940 (Date rec'd by registrar) James H. Boy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1940, at 12 30/A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 10 1940, to May 12 1940 and that I last saw him alive on May 11 1940

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. S. Lewis M.D. M. D. or other

Address Havre de Grace Date signed May 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (I) (T)

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94-a)

CERTIFICATE OF DEATH

05506

Reg. Dist. No. 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford County.
City or town: Havre de Grace.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Harford Memorial Hospital.
Stay in hospital or Inst. (yrs., or mos., or days) 103 days.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland, County Harford.
City or town Havre de Grace, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Union ave. & Franklin Sts.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John M. Jardine.

3. (b) Social Security Number None.

4. Sex	5. Color or race	6. (a) single, married, widowed, or divorced
Male	Colored	Widower.

6 (b) Name of husband or wife Mary E. Jardine. (Mary E. Thomasson)
6 (c) If alive, give age years

7. Birthdate of deceased (mo., day, yr.) January 19th 1875

8. AGE: Years	Months	Days	If less than one day
65	4		hrs. min.

9. Birthplace New York City.
(Town, county, and state)
10. Usual occupation Accountant.
11. Industry or business Contractor

FATHER
12. Name James Jardine.
13. Birthplace ?

MOTHER
14. Maiden name Ella McGuffog
15. Birthplace New York City

16. Informant Hospital Records
Address Havre de Grace, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 21 - 1940 (month) (day) (year)
Cemetery or crematory Woodlawn Cemetery,
Location Newyork - N.Y.

18. Funeral director Pennington & Son.
Address Havre de Grace, Md.

19. May 19th 1940 (Date rec'd by registrar) James H. Bay 2nd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 - 1940, at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1936, to May 19 1940; and that I last saw h alive on May 19 1940.

Immediate cause of death	DURATION
Cirrhosis of Liver	4 yrs.
Due to Associated,	
Due to Coronary Thrombosis with Auricular Block	6 yrs.
Other conditions Complications.	
Chronic Nephritis	4 yrs.

(Include pregnancy within 3 months of death)

Major findings: Negative

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles J. Foley M.D.
M. D. or other
Address Havre de Grace Date signed 5/19/40

RECEIVED
MAY 28 1940
BUREAU

05507

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46D)

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:

County: Harford

City or town: Rural Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Born – Back House 12 Mo

Hospital, institution, or street address where death occurred: Havre de Grace R.F.D. #1

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Pa. County: Ht

City or town: Harrisburg
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1103 Montgomery St.
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Evelyn Bradford Johnson

3. (b) Social Security Number: —

4. Sex: Female

5. Color or race: Black

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Leon Johnson

6.(c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.): April 17, 1910

8. AGE: Years: 30 Months: 0 Days: 27 If less than one day: — hrs. — min.

9. Birthplace: Harford Co. Md.
(Town, county, and state)

10. Usual occupation: House Duties

11. Industry or business: Home

FATHER
12. Name: Wm H. Taylor
13. Birthplace: Md.

MOTHER
14. Maiden name: Georgiana Taylor
15. Birthplace: Md.

16. Informant: Mr. Leon Johnson
Address: Havre de Grace, R.F.D. #1 Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: May 16, 1940
(month) (day) (year)

Cemetery or crematory: Gravel Hill Cem.

Location: Harford Co. Md.

18. Funeral director: R. Madison Mitchell
Address: Havre de Grace, Md.

19. May 13 1940 (Date rec'd by registrar) O. C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 13 1940 at 3 30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940 to May 13 1940 and that I last saw her alive on May 12 1940

Immediate cause of death: Carcinoma of Rectum

Due to: with Metastasis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION: 1 yr. 3 years

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Lewis Wolbert M.D.
M. D. or other

Address: Havre de Grace Date signed: May 13

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-L)

CERTIFICATE OF DEATH

05508 182 / 184

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Harford

City or town Fountain Green

(If outside city or town limits write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford

City or town Fountain Green Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Stanley J Kirk

3. (b) Social Security Number

4. Sex	5. Color or race	6. (c) If single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife Mae Kirk

Alive 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4, 1908

8. AGE:

Years	Months	Days	If less than one day
32	5	17	hrs. min.

9. Birthplace Harford Co., Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Dairy Farmer

FATHER 12. Name Milton V. Kirk

FATHER 13. Birthplace Harford Co., Md.

MOTHER 14. Maiden name Eudocia E. Day

MOTHER 15. Birthplace Harford Co. Md.

16. Informant Mrs Stanley J. Kirk

Address Bel-Air, Md.

17. Burial Date thereof May 24, 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Friendship Cem.

Location Harford Co. Md

18. Funeral director H. S. Bailey

Address Darlington Md.

19. May 23 1940 Virginia Chambers

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1939, to May 21 1940, and that I last saw him alive on May 20 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	2 Yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. E. Snodgrass M. D. or other

Address Darlington Md. Date signed 5/22/40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05509

Reg. Dist. No. 184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Darlington, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Darlington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Wm. Wilson Knight

3. (b) Social Security Number No

4. Sex: Male
5. Color or race: White
6. (~~Single~~, married, ~~widowed, or divorced~~): Married

6 (b) Name of husband or wife: Bessie Knight
6(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Oct. 18, 1869

8. AGE: Years 70 | Months 6 | Days 13 | If less than one day: hrs. min.

9. Birthplace: Harford Co., Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Crop farmer

FATHER
12. Name: James J. Knight
13. Birthplace: Harford Co., Md.

MOTHER
14. Maiden name: Martha Smith
15. Birthplace: Harford Co., Md.

16. Informant: Mrs. Wm. Wilson Knight
Address: Darlington, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 5, 1940 (month) (day) (year)
Cemetery or crematory: Darlington Cem.
Location: Harford Co., Md.

18. Funeral director: H. S. Bailey
Address: Darlington Md.

19. May 2, 1940 (Date rec'd by registrar) M. H. Kirk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 1 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 1940, to May 1 1940, and that I last saw him alive on April 30 1940.

Immediate cause of death	OURATION
Cerebral Hemorrhage	17 days
Due to Natural	
Due to	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE C. P. Snodgrass M. D. or other
Address Darlington Date signed 5/2/40

RECEIVED
MAY 8 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

05510

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County: Harford

City or town: Havre de Grace — (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Seven years

Hospital, Institution, or street address where death occurred: 623 Ontario Street —

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Havre de Grace (If outside city or town limits, write RURAL and give nearest town)

Street No. 623 Ontario St — (If rural, give LOCATION)

2.(a) If veteran, name war: none

3. (a) FULL NAME: Margaret Sarah Marsh

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Ben F. Marsh

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Not Known —

8. AGE: Years: 64 Months: Not Known Days: If less than one day ..... hrs. ..... min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Domestic Duties

11. Industry or business: Own home

FATHER

12. Name: Charles Northam

13. Birthplace: Virginia

MOTHER

14. Maiden name: Not Known

15. Birthplace: Not Known —

16. Informant: Pearl Wise

Address: Havre de Grace —

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 17-1940 (month) (day) (year)

Cemetery or crematory: Mt Holly

Location: Accomack Co. Va

18. Funeral director: Bundick-Johnson & Co

Address: Onancock, Va.

19. May 16th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 16 1940 at 12.30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1935, to May 1940 and that I last saw her alive on May 16 1940

Immediate cause of death: Acute pulmonary oedema — DURATION: 1 hour

Due to: Coronary thrombosis — hour

Due to:

Other conditions: Arterio sclerosis

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Frank Wolbert M.D. M. D. or other

Address: Havre de Grace Md. Date signed: May 16

RECEIVED
JUN 5 1940
BUREAU V. S.

05511

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford.

City ~~or town~~ Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)

Street No. 605 Ontario St.
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME William Alexander McNulty

3. (b) Social Security Number 213-14-3641.

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
Male	white	Single,

6.(b) Name of husband or wife —

8.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March-7- 1885.

8. AGE: Years	Months	Days	If less than one day
55	2	—	hrs. min.

9. Birthplace Havre de Grace, Harford Co. Md.
(Town, county, and state)

10. Usual occupation Labor —

11. Industry or business

FATHER
12. Name John McNulty.
13. Birthplace Havre de Grace,

MOTHER
14. Maiden name Annie Brannan.
15. Birthplace Havre de Grace

16. Informant Miss Mildred Abbott.
Address Havre de Grace, Md.

17. Burial — Date thereof May-9-1940.
(Burial, ~~cremation, or removal. Which?~~) (month) (day) (year)

Cemetery ~~or crematory~~ Mt. Erin Cemetery.

Location Havre de Grace, Md.

18. Funeral director Pennington & Son.
Address Havre de Grace, Md.

19. May-7th 1940 James H. Bay M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1940 at 9:30 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from — 19 , to — 19

and that I last saw h alive on — 19

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to Hypertensive Cardiovascular Disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J H Ramsey M.D.
Dep. Med. Examiner

Address Aberdeen Md. Date signed 5/6/40

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(126-a)

05512

Reg. Dist. No. 185

WITHIN CORPORATE LIMITS of

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (~~yrs., or mos.~~, or days): 7 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary A. Meehan

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of ~~husband~~ or wife: Dennis Meehan
Deceased

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 2-1862

8. AGE: Years	Months	Days	If less than one day
78 78	- 4	17	hrs. min.

9. Birthplace: Harford County Md
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business:

FATHER
12. Name: Dennis McDonald
13. Birthplace: Ireland

MOTHER
14. Maiden name: Anne Moran
15. Birthplace: Ireland

16. Informant: Hospital Records
Address: Havre de Grace, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: May 22-1940 (month) (day) (year)
Cemetery ~~or crematory~~: St. Francis Cemetery.
Location: Abingdon. Md.

18. Funeral director: Howard McComas,
Address: Abingdon. Md.

19. May 19th 1940 (Date rec'd by Registrar) Clarence H. Ray M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 19- 1940, at 11 45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 12 1940, to May 19 1940; and that I last saw h[illegible] alive on May 19 1940;

Immediate cause of death	DURATION
Fracture of Right Femur	7 days
Due to Hypertension	6 yrs.
Due to Osteria Sclerosis	
Other conditions Hypostatic Pneumonia	4 days.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: 5/12/40
Where did injury occur? Aberdeen (City or town) Harford (County) Md. (State)
Injured at home, farm, industry, public place (where?): Home.
Means of injury: Fall. Injured at work? no

23. SIGNATURE: Charles J. Foley M.D. M. D. or other
Address: Funeral Dir. Bel Air, Md. Date signed: 5/20/40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (175-a)

CERTIFICATE OF DEATH

05513

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Rural Near Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 56 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Rural near Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Shirley Archer Mitchell

3. (b) Social Security Number: 217-14-2467

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ or wife: Lillie M. Mitchell
6(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): April 9th 1884

8. AGE:

Years	Months	Days	If less than one day
56	1		hrs. min.

9. Birthplace: Harford Co. Maryland (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: "

FATHER
12. Name: John Archer Mitchell
13. Birthplace: Harford Co. Md

MOTHER
14. Maiden name: Sarah Mitchell
15. Birthplace: Harford Co. Md.

18. Informant: John C. Mitchell
Address: Aberdeen, R.F.D. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 11, 1940 (month) (day) (year)
Cemetery or crematory: Grove Cemetery
Location: Aberdeen, Md.

18. Funeral director: Henry Tarring & Sons
Address: Aberdeen, Maryland.

19. May 11 1940 (Date rec'd by registrar) C. C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 9 1940, at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I ~~attended~~ examined deceased from May 9 1940, to — 19—, and that I last saw him alive on 19—.

Immediate cause of death: Fractured Skull

Due to: Tractor turning over and falling on him.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: May 9/40
Where did injury occur? Near Aberdeen (City or town) Harford (County) Md. (State)
Injured at home, farm, industry, public place (where?): Farm
Means of injury: Injured at work? Yes

23. SIGNATURE: Thos H Kriete M. D. or other
Address: Aberdeen Md. Date signed: May 10/40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

05514

Reg. Dist. No. 184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Darlington
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Darlington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Thomas J Puckett

3. (b) Social Security Number No

4. Sex: Male
5. Color or race: White
6. (a) ~~Single~~, Married, ~~Widowed, or Divorced~~: Married

6 (b) Name of husband or wife: Margaret Puckett

6(c) If alive, give age: alive years

7. Birth date of deceased (mo., day, yr.): June 5, 1865

8. AGE: Years 74 | Months 11 | Days 16 | If less than one day: hrs. min.

9. Birthplace: Russell Co, Va (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Dairy Farm

FATHER
12. Name: Geo. H. Puckett
13. Birthplace: Russell Co. Va

MOTHER
14. Maiden name: Margaret Jessee
15. Birthplace: Russell Co., Va

16. Informant: Mrs. Geo. H. Puckett
Address: Darlington, Md

17. Burial (Burial, ~~cremation, removal~~. Which?) Date thereof May 23, 1940 (month) (day) (year)
Cemetery or crematory: Darlington Cem
Location: Harford Co., Md.

18. Funeral director: H. S. Bailey
Address: Darlington Md.

19. May 20 1940 M. H. Kirk
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21, 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to May 21 1940, and that I last saw him alive on May 19 1940

Immediate cause of death: Cerebral Hemorrhage

DURATION: 3 days

Due to: Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. L. Snodgrass M. D. or other

Address Darlington Date signed 5/22/40

RECEIVED
JUN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 119a

CERTIFICATE OF DEATH

05515

Reg. Dist. No. 182

VS A15 (T) PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING (M) (C) (T)

1. PLACE OF DEATH:
County Harford
City or town Bel Air
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cheney apts
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Bel Air Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Cecelia Purcell

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1939

8. AGE: Years | Months 8 | Days 2 | If less than one day hrs. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Edward Purcell
13. Birthplace Bel Air Md

MOTHER 14. Maiden name Ruth L Partner
15. Birthplace Peach Bottom Penn

16. Informant Edward Purcell
Address Bel Air Md

17. Nelson (Burial, cremation, or removal. Which?) Date thereof May 17 1940 (month) (day) (year)
Cemetery or crematory Nelson Cemetery
Location State Hill Penn.

18. Funeral director Dean & Fulton
Address Bel Air Md

19. May 18 1940 (Date rec'd by registrar) N E Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1940, at 12:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Acute Gastroenteritis	
Ac. Suppu otitis media	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J H Ramsey Dep. Med. Examiner (M. D. or other)
Address Aberdeen Md. Date signed 5/17/40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(94a)

05516

Reg. Dist. No. 185

WITHIN CORPORATE LIMITS ☐

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Havre De Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rural near
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 13 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Havre De Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural near
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jennie Riegel

3. (b) Social Security Number none.

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): July 20, 1867
8. AGE: Years 72 | Months 9 | Days 17 | If less than one day ____ hrs. ____ min.
9. Birthplace Germantown, Phila. Pa (Town, county, and state)
10. Usual occupation none
11. Industry or business
FATHER 12. Name Jacob Riegel
13. Birthplace unknown
MOTHER 14. Maiden name E. Theresa Stull
15. Birthplace Philadelphia. Pa.
16. Informant Anna S. Williams
Address Delair, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 8, 1940 (Month) (day) (year)
Cemetery or crematory Laurel Hill cem
Location Philadelphia, Pa
18. Funeral director Wm. A. Patterson
Address Perryville, Md
19. May 7th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1940, at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1st 1940, to May 7 1940, and that I last saw her alive on May 1 1940

	DURATION
Immediate cause of death: Coronary Thrombosis	10 min
Due to: General Atheromata with Hypertension	10 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Cate of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. F. Magraw M. D. or other
Address Perryville Md Date signed 5/7/40

RECEIVED
JUN 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05517

1. PLACE OF DEATH (942)

County Harford Registration Dist. No. 182

Village or City Near- Forest Hill No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S. if of foreign birth? 40 yrs. mos. ds.

2. FULL NAME John Schuehle If U. S. Veteran, specify WAR

(a) Residence: No. Forest Hill St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elsie L Schuehle

6. DATE OF BIRTH (month, day, and year) May- 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Supt. Brew Master

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Geislinger (State or country) Germany

FATHER

13. NAME Schuehle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs John Schuehle (Address) Forest Hill, Md

18. BURIAL, CREMATION, OR REMOVAL
Near Place Forest Hill At Home Date May 10, 1940

19. UNDERTAKER Degner & Foster (Address) Bel Air Md

20. FILED May 9, 1940 V. E. Chambers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 8, 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 1X, 1940, to May 8, 1940

I last saw him alive on May 6, 1940; death is said to heve occurred on the date stated above at 3A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Other Contributory Causes of importance:	
Chr. Myocardial Disease	1 yr
With Auricular fibrillation	2 yrs

Neme of operetion Date of

What test confirmed diagnosis? Was there en autopsy? No.

23. If death was due to externat causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Neture of injury

24. Wes disease or injury in any way related to occupation of deceesed? No

If so, specify

(Signed) Willard P. Hudson M. D.

(Address) Forest Hill, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes of importance:**	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other **contributory causes of importance:**	
Gastroenteritis	*1 year*

RECEIVED JUN 5 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(3)

05518

Reg. Diat. No. 185

WITHIN CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford

City or town Havre-de-Grace

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or Inst. (~~yrs.~~, or ~~mos.~~, or days) 2 days

Stay in this community (~~yrs.~~ or mos., or ~~days~~) 6 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State New York County Kings

City or town Brooklyn Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 137A State Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby girl Stacey

3. (b) Social Security Number

4. Sex	5. Color or Race	6. (a) Single, married, widowed, or divorced
Female	white	still born

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 3 - 1940

8. AGE: Years	Months	Days	If less than one day
still born	—	—	— hrs. — min.

9. Birthplace Havre-de-Grace Maryland (Town, County, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Michael Stacey

13. Birthplace Caughnawaga, Canada.

MOTHER 14. Maiden name Marion Hill

15. Birthplace Caughnawaga - Canada

16. Informant Michael Stacey

Address 666 Green St. Havre de Grace Md.

17. Burial — (Burial, cremation, or removal. Which?) Date thereof May - 4 - 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Mt. Erin Cemetery -

Location Havre de Grace Md.

18. Funeral director Pennington & Son.

Address Havre de Grace, Maryland.

19 May 4th. 19 James H. Bay M.D. Registrar

(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940, at 8.14 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from —, 19—, to —, 19—, and that I last saw h— alive on —, 19—.

Immediate cause of death	DURATION
Due to Stillborn	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE Charles J. Foley M.D. (M. D. or other)

Address Havre de Grace Md. Date signed 5/4/40

RECEIVED
JUN 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05519

(50)

1. PLACE OF DEATH

County Harford Registration Dist. No. 182

Village or City (Near) Forest Hill No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clara-Virginia Stonebraker If U. S. Veteran, specify WAR

(a) Residence: No. Forest Hill St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) July 7-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. School Teacher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford Co (State or country) Md.

FATHER

13. NAME John Stonebraker

14. BIRTHPLACE (city or town) Buck's Co. (State or country) Penn.

MOTHER

15. MAIDEN NAME Ellen Blake

16. BIRTHPLACE (city or town) Harford Co (State or country) Md

17. INFORMANT (Address) Forest Hill, Md.

18. BURIAL, CREMATION, OR REMOVAL Place St Ignatius Cemetery Date May 13, 1940

19. UNDERTAKER Deane & Foster (Address) Bel Air Md

20. FILED May 11, 1940 M E Richardson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 9 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to May 9, 1940

I last saw her alive on May 9, 1940; death is said to have occurred on the date stated above, at 1.20 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	2 yrs ago.
Other Contributory Causes of Importance:	

Name of operation Date of

What last confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Willard P. Hudson M. D.

(Address) Forest Hill Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUN 5 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (54a)

05520

CERTIFICATE OF DEATH

Reg. Dist. No. 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Jarrettsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 21 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Jarrettsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Samuel Whiteford Steuart

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mrs Bessie B. Scarbrough

6(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Oct 11 1878

8. AGE:

Years	Months	Days	If less than one day
61	7	29	hrs. min.

9. Birthplace Harford Co. Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Charles W. Steuart
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden name Rosanna Beatty
15. Birthplace Harford Co. Md.

16. Informant Mrs. R. E. Steuart
Address Jarrettsville Md.

17. Burial
(Burial, cremation, or removal) Which?
Date thereof June 3-40
(month) (day) (year)
Cemetery or crematory Bethel
Location White Hall R. F. D.

18. Funeral director P. Mackley Sons
Address White Hall Md.

June 3 1940 Thomas Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940, at 6.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 1940, to May 2 1940, and that I last saw him alive on May 31 1940.

	DURATION
Immediate cause of death Intracranial pressure	6 weeks
Due to Glioma of brain	3 years.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Ot operations
Ot autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Melvin N. Borden M. D. or other
Address Jarrettsville, Md. Date signed June 2/1940

RECEIVED
JUN 7 1940
BUREAU V. S.

05521

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(170-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:

County Harford

City or town near Jarrettsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Harford

City or town Nr. Jarrettsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harold Junior Suitt

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 1930

8. AGE: Years 9 Months 5 Days 5 If less than one day hrs. min.

9. Birthplace Crumpler, Ash Co. N.C.
(Town, county, and state)

10. Usual occupation School boy

11. Industry or business

FATHER
12. Name Clay Reece Suitt
13. Birthplace Grason Co. Va.

MOTHER
14. Maiden name Ada Ruth Osborn
15. Birthplace Alleghany Co. N.C.

16. Informant Clay Reece Suitt
Address Rocks, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 21, 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Jarrettsville,

Location Jarrettsville

18. Funeral director E. G. Kurtz & Son
Address Jarrettsville, Md.

19. May 21 1940 Thomas R Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1940, at 3:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19

Immediate cause of death Fracture of Skull
Cerebral Hemorrhage

Due to Laceration of Brain

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 5/19/40

Where did injury occur? near Jarrettsville - Harford - Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route 165

Means of injury auto accident Injured at work? no

23. SIGNATURE J H Lamney M.D.
Dep. Med. Examiner
M.D. or other

Address Aberdeen, Md Date signed 5/19/40

VS A15 (T) (I)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

05522

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Rural near Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 25 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Rural near Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Robert J. Tollenger

3. (b) Social Security Number None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mattie C. Tollenger
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): April 16th 1869
8. AGE: Years 71 Months 1 Days 5 If less than one day ____ hrs. ____ min.
9. Birthplace: Stafford Stafford Co (Town, county, and state)
10. Usual occupation: At home
11. Industry or business
FATHER 12. Name: William J. Tollenger
13. Birthplace: Harford Co Md
MOTHER 14. Maiden name: Rebeka Spencer
15. Birthplace: Harford Co. Md
16. Informant: Mrs Mattie B. Tollenger
Address: Havre de Grace Md. R.F.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 23 - 1940 (month) (day) (year)
Cemetery or crematory: Rock Run
Location: Near Darlington Md
18. Funeral director: Henry Tarring Sons
Address: Aberdeen Md
19. May 23 1940 (Date rec'd by registrar) Bertha B. Knight Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 21st 1940, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 16 1940, to May 21 1940, and that I last saw him alive on May 20 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION

Due to

Due to Arterio Sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. L. Lewis M.D. M. D. or other
Address Havre de Grace Md Date signed 5-22-40

RECEIVED
JUN 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05523

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (41)

County Harford — Registration Dist. No. 181

Village or City Havre-de-Grace P.O. No. Varney Beall's Farm St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. 2 mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Pauline R. Trust If U. S. Veteran, specify WAR ___

(a) Residence: No. Montreal Road St., Ward. Churchville, Harford Co., Md.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Trust

6. DATE OF BIRTH (month, day, and year) Feb. 7, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	69	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) ___ 11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Klein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothy E. Lippel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John E. Trust (Son)
(Address) 1711 Bolton St., Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Balto. Md. Date May 25, 1940

19. UNDERTAKER A. Howard Evans
(Address) 1400-02 St. Charles St., Balto., Md.

20. FILED May 23, 1940 O. C. Michael
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 23, 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr. 26, 1940, to May 22, 1940
I last saw h... alive on May 22, 1940; death is said to have occurred on the date stated above, at 4 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Cerebral Hemorrhage	
Dther Contributory Causes of importance:	

Neme of operation ___ Date of ___

Whet test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? ___ Data of injury ___, 19___
Where did injury occur? ___
(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
Manner of Injury ___
Nature of Injury ___

24. Was disease or Injury in any way related to occupation of deceased? ___
If so, specify ___
(Signed) O. L. Lewis M. D.
(Address) Havre de Grace, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUN 5 1949
BUREAU V. S

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (182)

CERTIFICATE OF DEATH

05524

Reg. Dist. No. 187

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
~~City or~~ town Darlington Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
~~City or~~ town Darlington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Mary E. Watson

3. (b) Social Security Number No

4. Sex	5. Color or race	6. (a) Single, ~~married, widowed, or divorced~~
Female	White	Single

6 (b) Name of husband or wife None
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.
1

9. Birthplace Darlington Harford Co, Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Bledsoe Watson
13. Birthplace Sparta, N. C.

MOTHER
14. Maiden name Ester Anderson
15. Birthplace Laurel Spring, N. C.

16. Informant Bledsoe Watson
Address Darlington, Md.

17. ~~Burial~~ Removal Date thereof May 22 1940
(Burial, cremation, or removal) (month) (day) (year)
Cemetery or ~~crematory~~ White Head, M. C.
Location White Head, M. C.

18. Funeral director H. S. Bailey
Address Darlington Md.

19. May 21, 1940 M. A. Kirk
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at 3:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20 1940, to May 21 1940, and that I last saw her alive on May 21 1940.

Immediate cause of death	DURATION
Unknown. Found dead in bed	
Due to Probably overlaid by mother. Cor. S. A.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. E. Gallion M. D. or other
Address Darlington, Date signed 5-21-40

Authorization to change date of birth -
letter in permanent file under W. E Gillion

11/6/40
M.G.

RECEIVED
JUN 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05525

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (48a)

County Harford Registration Dist. No. 182

Village or City Bel Air No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Bertie Wescott White If U. S. Veteran, specify WAR

(a) Residence: No. Forest Hill Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm White

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bel Air (State or country) Md

FATHER

13. NAME Wm Dorsey

14. BIRTHPLACE (city or town) Balto Co (State or country) Md

MOTHER

15. MAIDEN NAME Leteman Watters

16. BIRTHPLACE (city or town) Mountain (State or country) Harford Co Md

17. INFORMANT Rev Grtlon Collins (Address) Dover, Del

18. BURIAL, CREMATION, OR REMOVAL Place Hendon Hill Date May 11, 1940

19. UNDERTAKER Deane & Foster (Address) Bel Air Md

20. FILED May 9, 1940 V. E. Chambers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 8 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to May 8, 1940

I last saw h. alive on May 7, 1940, death is said to have occurred on the date stated above, at 9 A. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Carcinoma cervix uteri	1937
Other **Contributory Causes** of importance: Diabetes mellitus	1937

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Herald C. Palmer M. D.

(Address) Bel Air, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engincer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JUN 5 1940 V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(31-E)

05526

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Havre De Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Harford Memorial Hospital
Stay in hospital or inst. (yrs., or mos., or days): 1 day.
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Port Deposit Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 240 N. Main St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Edward White

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	married

6 (b) Name of husband or wife: Myrtle Lee White
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September 10 - 1881

8. AGE: Years	Months	Days	If less than one day
59	8	6	hrs. min.

9. Birthplace: Culpepper Co. Va.
(Town, county, and state)

10. Usual occupation:

11. Industry or business: Carpenter

FATHER
12. Name: Lewis White
13. Birthplace: unknown

MOTHER
14. Maiden name: Betty White
15. Birthplace: unknown

16. Informant: Hosp'l Records
Address: Havre De Grace Md.

17. Alanthus, Va. Date thereof 5 (month) 19 (day) 40 (year)
(Burial, cremation, or removal. Which?)

Cemetery or crematory: Alanthus, Va.
Location: Culpepper County, Va.

18. Funeral director: Elmer E. Bullock
Address: Havre de Grace, Maryland

19. May 18th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 16 1940, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 16 1940, to 1940, and that I last saw him alive on May 16 1940.

Immediate cause of death	DURATION
Uremic Coma - Convulsions	
Due to Chronic Nephritis - nephritis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M.D. or other
Address: Elkton Md. Date signed: 5-18-40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05527

107

WITHIN CORPORATE LIMITS OF

Reg. Dist. No. 185

1. PLACE OF DEATH:
County: Harford
City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 yrs
Hospital, institution, or street address where death occurred: 420 No. Union Ave
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
Street No. 420 No. Union Ave
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME Harry Martin Woerty

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Amelia F. Woerty
6.(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): Aug 9 1864

8. AGE:

Years	Months	Days	If less than one day
75	9	16	— hrs. — min.

9. Birthplace: Phila. Pa. (Town, county, and state)
10. Usual occupation: Metal Worker
11. Industry or business: Retired 12 yrs

FATHER
12. Name: John Woerty
13. Birthplace: Germany

MOTHER
14. Maiden name: Unknown
15. Birthplace: Germany

16. Informant: Mrs. Amelia F. Woerty
Address: Havre de Grace Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 27 1940 (month) (day) (year)
Cemetery or crematory: Ryders
Location: Carroll Co.

18. Funeral director: R Madison Mitchell
Address: Havre de Grace, Md.

19. May 25th 1940 (Date rec'd by registrar) James H. Baynes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 25 1940, at 12 30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 17 1940, to May 25 1940
and that I last saw him alive on May 25th 1940

Immediate cause of death	DURATION
Bronchial Pneumonia	
Due to: Acute Cold	
Due to:	
Other conditions: Exhaustion	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: F. N. Steiner M. D. or other
Address: Havre de Grace Date signed: 5-25-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 1 1940
BUREAU V. S.